

EXHIBIT # H



NITRO NTFD. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C.C.U. NTFD. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C.C.U./NITRO LOG NO. 70-3		Arrest ID: 5395	
Felony Case Development Classification: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D							
ARRESTING OFFICER INFORMATION							
1. Tax Reg. No. 847655		Name (Last, First, M.I.) Booth PAUL R		Rank PO		Command 106	
2. Shield No. 21635		Social Security No. (If Not NYPD)		On Duty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		In Uniform? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Used Force? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Type: A <input type="checkbox"/> Handgun B <input type="checkbox"/> Physical Force C <input type="checkbox"/> Chemical Agent D <input type="checkbox"/> Nightstick, Blunt Instrument E <input type="checkbox"/> Firearm Z <input type="checkbox"/> Other					
4. Reason Force Used:		A <input type="checkbox"/> Overcome Assault B <input type="checkbox"/> Restrain C <input type="checkbox"/> Prevent Escape Z <input type="checkbox"/> Other					
5. Officer Assigned <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Arresting Officer's Dept. 00		Precinct of Arrest 113			
DEFENDANT INFORMATION							
6. Last Name PETTY		First Name KENNY				M.I.	
7. Race W <input type="checkbox"/> White B <input checked="" type="checkbox"/> Black Q <input type="checkbox"/> White-Hispanic P <input type="checkbox"/> Black-Hispanic A <input type="checkbox"/> Asian/Pacific Islander I <input type="checkbox"/> American Indian/Alaskan Native							
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Age 16		Date of Birth		No. Associates Also Arrested 01	
CHARGES INFORMATION							
Top Chg.		ATTEMPT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		LAW P/L		SECTION SUB. 130.30 D F	
2nd Chg.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		P/L		135.10 E F	
9. 3rd Chg.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		P/L		265.02 D F	
4th Chg.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		P/L			
5th Chg.		<input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Occurrence: 0845		Date 9/16/94		Specific Location Inside 123-40 Inwood ST			
11. Narrative: AT 7/40 victim states she was walking to school when DeFT did put Blunt object delivered to be a gun to her BACK And told victim to keep walking victim walked to DeFT house pushed her to floor with knife forcibly pulled her pants down And did forcibly place							
11a. Defendant's Firearm - At either time of offense or time of arrest (Check Appropriate Box) A <input type="checkbox"/> None/Unknown B <input type="checkbox"/> Possessed C <input type="checkbox"/> Displayed D <input type="checkbox"/> Discharged his penis in her vagina held victim for APPROX 20 minutes after							
DEFENDANT INFORMATION							
12. Aka/Nickname KA200		Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		State/Country of Birth MINNESOTA		Social Security Number	
13. Resident Precinct 113		or 1 <input type="checkbox"/> Other in N.Y.C. 2 <input type="checkbox"/> N.Y. State 3 <input type="checkbox"/> Other State 4 <input type="checkbox"/> No Home					
14. Address		Apt. No.		Home Telephone No.			
15. Skin Tone L <input checked="" type="checkbox"/> Light M <input type="checkbox"/> Med. D <input type="checkbox"/> Dark		Height 5'7		Weight 125		Eye Color B	
16. Social Status 5		Delt. Related to Victim As YF		Living Together 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		2	
17. Physical Condition 01		Type Drug Used		00			
18. Occupation 99		License/Permit Type (Exc. Driver's License)		License/Permit No.			
19. Telephone Calls 1		Name AMETIE		2.		Name	
ARREST INFORMATION							
20. Time 1308		Date 9.16.94		Weapon Poss./Used (Type) F		Knife/possingun	
21. Arrest Location		DAT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Return Date		A/O Excused? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Assoc. Arrests Numbers 1.		2.		3.			
PROPERTY VOUCHER INFORMATION							
1. Number F337024		Command 106		Value		Type 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jwlry. 36 <input type="checkbox"/> Boat 97 <input type="checkbox"/> Other	
23. 2. Number		Command		Value		Type 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jwlry. 36 <input type="checkbox"/> Boat 97 <input type="checkbox"/> Other	
3. Number		Command		Value		Type 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jwlry. 36 <input type="checkbox"/> Boat 97 <input type="checkbox"/> Other	
COMPLAINANT DATA							
24. Is Comp A Comp? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		or PSNY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		or Disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Total Victims 1	
25. Name Jennifer Hought		130-16 Inwood ST		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/A		Race B Age 16	
26. Address				Home Telephone Number			
27. Aided No. 2396		Command 113		Accident No.		Command	
28. Complaint No. 15282		Precinct 113		Sec.		Jurisdiction of Complaint 00	
NATURE OF CRIME/METHOD (FOR TOP CHARGE) - SEE REVERSE FOR OTHER SELECTION POSSIBILITIES							
Robbery 5 <input type="checkbox"/> Purse Snatch 3 <input type="checkbox"/> Payroll 1 <input type="checkbox"/> Neck Chain V <input type="checkbox"/> Hijack D <input type="checkbox"/> Bicycle Z <input type="checkbox"/> Other							
Larceny B <input type="checkbox"/> of Vehicle 6 <input type="checkbox"/> Shoplifting 9 <input type="checkbox"/> Veh. Accessories <input type="checkbox"/> Other Selection (Specify):							
29. Drugs L <input type="checkbox"/> Crack G <input type="checkbox"/> Opium Deriv. I <input type="checkbox"/> Synthetic 2 <input type="checkbox"/> Other Cocaine 7 Other Drug							
Other Crimes (Specify As Indicated On Reverse Side):							
30. Premises Type 13 <input type="checkbox"/> Comm. 12 <input type="checkbox"/> Resid. 33 <input type="checkbox"/> Bank 09 <input type="checkbox"/> Street 32 <input type="checkbox"/> Truck 05 <input type="checkbox"/> Church 04 <input type="checkbox"/> Cemetery <input type="checkbox"/> (Specify): 12							
ARRESTING OFFICER INFORMATION							
31. Chart AB		Squad CA		Primary Assignment (Check Appropriate Box) 5 <input checked="" type="checkbox"/> Beat Officer 1 <input type="checkbox"/> Other Uniform 2 <input type="checkbox"/> Anti-Crime 3 <input type="checkbox"/> Investigatory 4 <input type="checkbox"/> Other			
JUVENILE INFORMATION							
32. Gang 1		School JAHs		Mother's Maiden Name KENNETH			
33. Number Priors		Relative Notified: ANNETTE PETTY		Time Notified on scene 10/24			
ADDITIONAL DEFENDANT INFORMATION FOR PHOTOGRAPHABLE ARRESTS							
34. If Vehicle Make		Color		Year			
PHYSICAL DESCRIPTION (Check Features that are Distinctive, Unique, Unusual or Prominent)							
35. <input type="checkbox"/> Beard <input type="checkbox"/> Part Bald <input type="checkbox"/> Pimpled Face <input type="checkbox"/> Unusual Teeth <input type="checkbox"/> Mustache <input type="checkbox"/> Glasses <input type="checkbox"/> Freckled Face <input type="checkbox"/> Limp or Foot/Leg Missing/Deformed <input type="checkbox"/> Sideburns <input type="checkbox"/> Unusual Eyes <input type="checkbox"/> Unusual Ears/Hearing Aid <input type="checkbox"/> Arm/Hand Missing <input type="checkbox"/> Wig/Hair Dyed <input type="checkbox"/> Pocked Face <input type="checkbox"/> Unusual Nose <input type="checkbox"/> Left Handed							
36. Facial Complexion CL							
37. Hair ST <input type="checkbox"/> Straight CR <input checked="" type="checkbox"/> Crew PR <input type="checkbox"/> Processed CU <input type="checkbox"/> Curly KY <input type="checkbox"/> Kinky AF <input type="checkbox"/> Afro DL <input type="checkbox"/> Dread Locks NH <input type="checkbox"/> No Hair BR <input type="checkbox"/> Braids PP <input type="checkbox"/> Corn Row ZZ <input type="checkbox"/> Other							
38. Hair Length S <input type="checkbox"/> Short N <input type="checkbox"/> Normal L <input type="checkbox"/> Long							
39. First Body Mark 1 <input type="checkbox"/> Scars 2 <input type="checkbox"/> Birthmarks 4 <input type="checkbox"/> Word Tattoo 3 <input type="checkbox"/> Picture Tattoo 5 <input type="checkbox"/> Tattoo with Both 9 <input type="checkbox"/> Marks of Unk. Origin 8 <input type="checkbox"/> Other							
Second Body Mark 1 <input type="checkbox"/> Scars 2 <input type="checkbox"/> Birthmarks 4 <input type="checkbox"/> Word Tattoo 3 <input type="checkbox"/> Picture Tattoo 5 <input type="checkbox"/> Tattoo with Both 9 <input type="checkbox"/> Marks of Unk. Origin 8 <input type="checkbox"/> Other							
First Mark Location 1 <input type="checkbox"/> Face 2 <input type="checkbox"/> Neck 3 <input type="checkbox"/> Torso 4 <input type="checkbox"/> Arm 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Leg 9 <input type="checkbox"/> Unk.							
Second Mark Location 1 <input type="checkbox"/> Face 2 <input type="checkbox"/> Neck 3 <input type="checkbox"/> Torso 4 <input type="checkbox"/> Arm 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Leg 9 <input type="checkbox"/> Unk.							
40. Impersonated <input type="checkbox"/> Police Officer <input type="checkbox"/> Female <input type="checkbox"/> Other		Other Identifying Data		Team Member <input type="checkbox"/> Gang Member <input type="checkbox"/>			
41. Reviewing Supervisor's Name (Printed) Burke		Signature		Tax Reg. No. 852318			